MEETING MINUTES

Project Name: IPRS	**Doc. Version No:** 1.0	**Status:** Final

Meeting Name:	IPRS Core Team Meeting
Facilitator:	Thelma Hayter, DMH
Scribe:	Tiffany Bargeman for Debra Haraway
Date:	05/05/04
Time:	10 - 11 a.m.
Location:	Crossroads, Conference Room 3

IPRS Core Team Attendees:

	Betty Cogswell	**Others:**	
✓	Bobby Minish	✓	Tim Sullivan
✓	Cathy Bennett	✓	Christie Harris
✓	Cheryl McQueen	✓	David Coffman
	Debra Haraway	✓	Sharlene Bryant
*	Deborah Merrill		
✓	Gary Imes		
✓	Joyce Sims		
✓	Kellie Fessler		
✓	Paul Carr		
✓	Rick Debell		
✓	Thelma Hayter		
✓	Jeffrey Poole		

Attendees:

	Alamance-Caswell		Onslow
	Albemarle		OPC
✓	Catawba		Pathways
	Centerpoint		Pitt
✓	Crossroads		Riverstone
✓	Cumberland		Roanoke-Chowan
✓	Durham	✓	Rockingham
	Eastpointe	✓	Sandhills/Randolph
✓	Edgecombe-Nash		SE Center
✓	Foothills		SE Regional
✓	Guilford	✓	Smoky Mountain
✓	Johnston		Tideland
✓	Lee-Harnett	✓	VGFW
✓	Mecklenburg		Wake
*	Neuse	✓	Western Highlands
✓	New River		Wilson-Green

Agenda:

Item No.	Topics	
1.	**Division and EDS Review**	**Review April 16th checkwrite results**
		Upcoming checkwrites: May 7, 14, 21
		Betty Cogswell: Update on ACTT-Methadone Administration Services
		BugCentral Status
		Key CSRs
		Operations Support - File Maintenance, Security, and Help Desk
		Action Items
2.	**Area Programs**	**Roll Call**
		Review April 30th checkwrite results
		Questions/Comments about upcoming checkwrites: May 7, 14, 21
		Agenda items
		• **Approve 4/21/04 minutes for posting**
		• **IPRS questions or concerns**
		• **Medicaid questions or concerns**
		• **Tim Sullivan & Christie Harris** - Update on ACTT-Methadone Administration Services Value Option Letters-xxx
		• **Any other area program questions/comments**
		• **DMH and/or EDS Concluding Remarks**

ADMINISTRATION NOTES (10 a.m. DIVISION AND EDS REVIEW)

Item No.	Topics

1. **Questions/Comments about Upcoming Checkwrites:**
Hayter: Do we want to mention costs of denials?

Imes: No. The division is aware of the cost. Next year it may be different because don't know if it has been determined if we'll go through settlement. We'll need the report on the types and number of denials by Area program. Not sure if the report is on R2W or if it is an adhoc report

2. **Update on ACTT-Methadone Administration Services:** Tim will discuss Methadone during AP meeting.

Tim: Carol is approving the policy. She talked to one of Christie's people. From a file perspective, there was nothing there to prevent them from billing on the same day. We have found no reason why they cannot go ahead and bill. We have not actually dug through code to see if there is some hard-coded audit or something like that that would prevent it. We'll ask during the AP meeting to find out if anyone has tried to bill both at once and if they can give us an ICN, then we will trace it.

Value options letters – there was one issue that had been corrected. Not sure if anyone sent examples (they have). These are coming in and there is an edit that assigns an SRN to claim, so it was looking for PA on files. PAs were there, but the system was not finding them. This has been changed so the system will look for it now. File Maintenance is going to review the test results now to see if there are issues. The other part is, these claims are now not denying, just suspending. They are getting worked by Med Policy. Probably a week from Friday, we anticipate putting in a fix, so it will find them on its own.

Re: duplicate claims – I did not see any examples in my inbox. I will ask again for APs to send examples.

Harris: Are these the Ycodes not denying against new CPT codes?

Tim: The report that shows other eligibility for Medicaid. The answer is no. Privacy regulations inside HIPAA do not allow the AP to have access to see screen.

Imes: They cannot see multiple eligibilities.

Tim: Christie's thought is if they want to know other insurance, they could call but no other way really.

Christie: The Ycodes. There was an override for TPL. They were state-created codes, not covered by other insurance companies. If there is something that is never going to be covered by TPL, we need to know so it can be put in the edits.

ADMINISTRATION NOTES (10 a.m. DIVISION AND EDS REVIEW)

Item No.	Topics
3.	**Bug Central Status: Bobby:** We have 6.
4.	**TPA:**

Paul: All TPAs have been sent in. There is a question about whether we need a TPA for Davidson.. Davidson sent consistent 837s in on 4/19. If they are going to continue to send to their mailbox, they will need a new TPA once they go compliant.

Imes: Have Betty call Kevin to find out what their plans are. If they cannot reach Kevin, talk to Pam Shipman. I do not think Davidson will be submitting any claims.

Sims: Do we want them not to submit claims, and is there a way to stop them?
Imes: I want to make sure that what they have been telling me is really what they want.

Paul: Davidson could be sending claims because the dates of service for the claims were before they moved out of IPRS.

Imes: Regarding FARO - we talked to finance officers at Durham and Foothills. Foothills would like some training on IPRS. Durham was not aware that the contractor was not participating in the conference calls. I do not know what they will do with their system now that Mecklenburg is thinking about changing Vendors. They had been waiting for the vendor to finish at Mecklenburg. We have to try to help Durham if there is anyway we can help them.

Imes: Received lots of comments of praise for the support of APs over past year. They are appreciative of Tim Sullivan and Christie Harris participation in conference calls.

Imes: FARO had more than 400 participants. I will get Joyce in touch with Yvonne Copeland to get her in touch with those who run FARO.

DeBell: Will have Pat Stalls give Joyce call.

5.	**Key CSRs:** Bobby: working on them in priority order: REL is now number 1, and attending provider project now number 2.
6.	**Operations Support – File Maintenance, Security, Help Desk:** N/A

ADMINISTRATION NOTES (10:30 a.m. AREA PROGRAMS CONFERENCE CALL)

Item No.	Topics

1. **Roll Call** (See page 1 for meeting AP participants) (Please mute phones or refrain from excess activity to help with communications.)

    Reviewed April 30th checkwrite results

2. **Questions/Comments about upcoming checkwrites May 7, 14, 21**:

    Imes: The last was the second largest checkwrite dollar wise and we had the most of denials. Denials were due to "out of budget" and we understand there will be a large number of denials until the end of the Fiscal year.

    There were no questions/comments from APs.

    4/14/ 04 & 4/21/04 meeting minutes: Approved

3.

4. **IPRS questions or concerns:**

    General (Thelma): Remember to notify Deborah Merrill or me with any upcoming changes to organizational structure (mergers or separations).   We have a checklist we can send out that list 14-20 task that can help you determine who and what needs to be completed for IPRS if your merge with another Area Program. The activities can take a few weeks to complete. The tasks are not something that IPRS can do overnight.

    General (McQueen): This applies to CDW, too. If you are changing client IDs, it will be easier for you if and save you some work if you check with them in advance.

    General (Imes): We sent out memo last week that identified changes regarding CDW reporting. ion. If you have not seen the information , let us know.

    General: Cathy from Rockingham, Cathy at Smoky Mountain, and Sharon at Western Highlands did not receive the information, so Imes will distribute it again.

    General (Rick): 1993 Accounts. We put in critical needs for the State to approve, but I am not optimistic that it will go the way we want it to. Just remember that it was going to be "plus" money.

5. **Medicaid questions or concerns:**

    Q Mark Lee Harnert: We submitted for YP485 rates last November and still have not gotten that.

    A (Rick): That is strange. I got a bunch in because the fax machine was piling them up for months earlier in the week. E-mail me, and I will get it set up (not this week).

    Q Mark- Lee Harnet : Regarding attending provider number (billing and attending providers cannot be the same), when will we get a list of suffixes or whatever for internal billing?

    A (Deborah): Cheryl came up with numbering scheme (it starts with letter I for internal, and the 2-digit suffix used for other attending providers, then either SA, DD, or MH, and then just 001. The other requirement is that when you enroll an attending provider, if for a profit agency, you will need to put 'p' as the last character in that attending provider number). We are working on written instructions. You could do it by the end of next week.

    A (Cheryl): After they enroll, they can begin using them. I suggest that you wait until after the provider project is done to start enrolling. We are adding several new fields. If you wait until we notify you the changes are in IPRS you will not have to go back and update the data.

    Q (Delphine - Durham): We are using BCMS system, and we have a patch to put on the system. We are 6 weeks behind billing and getting the patch into the system. How is Mecklenburg handling this?

    A (Pam - Mecklenburg): We had a version upgrade not a patch. You have to set up HIPAA-compliant configuration in transactions. I thought at one point they were going to copy transaction

ADMINISTRATION NOTES (10:30 a.m. AREA PROGRAMS CONFERENCE CALL)

Item No.	Topics

setup and put it on your system, and you could just change EDI configurations.

Q (Delphine - Durham): No, we are still 6 weeks behind. Dennis, who was supposed to be working on it, has been seriously ill. I just wanted to find out what is going on with Mecklenburg so we can duplicate it.

A (Pam – Mecklenburg): Our setup is complete and functioning. I will talk to Vince about bringing the information on the setup with him when he comes.

General (Delphine – Durham): He is coming Thurs and Friday to work here.

A (Pam – Mecklenburg): He will have to pull it out of our of BCMS. Dennis called and asked if it was okay. It was assumed you had gotten configuration information.

Q (Delphine - Durham): No. We need your help.

A (Pam – Mecklenburg): It does not force you into compliant 837, but it is meant for it.

A (Paul): I do not think Durham has done anything on testing compliant.

A (Imes): Delphine, once you get to point where you will be testing for compliance, you will have to test through EDS. Call EDS – Paul Carr.

Q (Mark-Lee Harnett): Regarding Olmstead concurrency issue – a lot of clients are assertive outreach target pop (Mecklenburg, too), which does not allow any concurrency. They could be in a nursing home in a different county, only doing periodic updates. How can we get the concurrency to match Olmstead?

A (Imes): Betty is the expert on this, and she is out today, but we will take it to her and talk it out with state operative services. Then we will follow up with you. Please write up in e-mail to IPRS Q&A so it can be addressed globally.

Q (Pam – Mecklenburg): The state has come back and said they need TDW information, but we do not submit that.

A (Deborah): If they receive any Division funds, then they should be submitting TDW.

General (Pam – Mecklenburg): These are the only client in 1/3 or outreach.

Q (Jeannie - Catawba): a few weeks ago, the router sent some claims that it should not have.

A (Paul): They all went back through during past checkwrite, and we distributed a spreadsheet.

General (Catawba): I did not receive it.

General (Sandy - Crossroads): I got the e-mail but cannot access the spreadsheet.

Note: others could not open the file either.

Paul: Reply to sender and request re-send.

Q (Mark - Lee Harnett): Not sure I am interpreting info correctly.

A (Paul): The e-mail and spreadsheets were specific.

Q (Mark - Lee Harnett): Do we re-bill? What do we do with it?

A (Paul): It was specific. The smallest of three spreadsheets across board: 180 or so claims stayed in Medicaid. Everything else systematically rerouted or denied, and we systematically put it back through. If you only got one or two of the spreadsheets, you probably were not affected by the other categories. All claims routed incorrectly have been resent through IPRS, with exception of 180 that rerouted to Medicaid a second time.

ADMINISTRATION NOTES (10:30 a.m. AREA PROGRAMS CONFERENCE CALL)

Item No.	Topics

Q (Cathy - Smokey Mountain): CNDS REL project question: should we wait for Gary's memo?

Gary: Yes, wait.

Q (Cheryl): REL or Attending Provider?

Q (Cathy - Smokey Mountain): REL. The effective date is 7/1, so I am concerned about what we do now to prepare.

A (Deborah): If you will do cross referencing and enrollment of clients, there is a new browser screen, and you can pick the major differences. There is a box for Language Preference and Ethnicity and a Race box – you can check all major categories. Do you do enrollment when using the browser system? (Yes). Everything is on screen.

Q (Cathy - Smokey Mountain): Is the Language Preference the same as Primary Language?

A (Deborah): Yes.

Q (Cathy - Smokey Mountain): OMB race codes replacing HIPAA codes – issue?

A (Deborah): As long as you are not enrolling with 834, and you are doing it on browser, no.

General (Imes): We are meeting with X12 group in July and will raise the issue. The Division has a vote and a say on what is discussed. We will try to get HIPAA and OMB code on same discussion points.

General (Cheryl): 834 needs to contain HIPAA-complaint codes. For your transaction to be compliant, you must send in HIPAA-compliant codes.

General (Deborah): We are all aware that we cannot change content of 834 transaction set.

Q (Cathy - Smokey Mountain): Question about last week's handout and the tables for race and ethnicity - will there be more changes, or is it up to us to make changes?

A (Deborah): Until the Feds work out the HIPAA issue, you will have to use OMB codes. The agencies that report daily to Feds have adopted these codes.

Q: 834 in new fields, you saying we are sending HIPAA-compliant codes?

A (Cheryl): Yes.

A (Deborah): But on browser you will see OMB-compliant codes.

Q (Cassandra – Rockingham): We are getting a large number of claims. Why? Not just claims in process, but suspended claims.

A (Cheryl): There has probably been an increase because you are running out of budget. The claims will suspend for 1 week to give you chance to get more budget. If not, they will deny the next week. If you want to get around it, look in budget alert report. You can see which pop groups are closed. Once closed, claims will not route to them unless it is the only place for them to go (IPDR3871 is the Budget Report)

General (Debell): If you want to close a Pop Group send e-mail to Rick and Jay Dixon.

ADMINISTRATION NOTES (10:30 a.m. AREA PROGRAMS CONFERENCE CALL)

Item No.	Topics

6. **Tim Sullivan provided update on ACTT - Methadone Administration Services:**

Tim: Methadone - memo from DMH says we can bill them currently. There is no reason they will not come through. Has anyone attempted to bill them together and received denial? *(no)*

General (Christie): If you bill and get a denial, call me.

Tim: Value options letters - did more research. Issue due to way SRNs are attached to claims when they come in. It was anticipating PA to be type medical, but did not find and did not assign one. We changed it so it will look for psychiatric PA. We are testing now, implementation date anticipated to be a week from Friday 5/14.

Duplicate claims concerns had been paid Some had differing attending numbers across them, but not duplicates. There were still duplicate claims that had paid. Anyone with example should send e-mail but did not receive examples. Re-send examples to tim.sullivan@eds.com for research. I discovered a problem with junk mail filter. Please resend if you sent examples already.

General: Amy at VGSW and Martha at River will send some.

Q: What info do you want?

A (Tim): ICN will be sufficient. If you do not have the ICN, provider number, procedure code, etc. are fine.
Someone asked if there is eligibility from Medicaid report. No. The information is available only via Automated Voice Response System (AVRS) due to HIPAA privacy rules.

General (Christie): AVRS, recipient Medicaid ID card, or EVI vendors supply Third party information too.
The last issue regarding Ycodes for case management – currently, there is an edit in system that automatically bypasses TPL. This does not happen for Ycodes. National standard codes do not bypass TPL.

Harris: Call me outside meeting 919-816-4340

ADMINISTRATION NOTES (10:30 a.m. AREA PROGRAMS CONFERENCE CALL)

Item No.	Topics

7. **Any other area program questions/comments:**

Q (Sandy – Crossroads): We are calling third-party insurance companies, but they are telling us they will not send us anything. They do not cover it.

General (Christie): do you have copies of client handbook. Some people have pulled out coverage policies. Mailroom cannot override on that since looking for vouchers. We can override, but we have got to have something.

Q (Sandy – Crossroads): We can send through provider relations?

A (Christie): Send on Medical Information Inquiry Form asking for override and attach blanket statement.

Q: Does each AP need to do this individually?

A (Christie): You can share them, but each blanket statement will have to be attached to claim form.

General: Whoever gets it needs to bring up in a meeting so we can all get copy.

A (Christie): Get them to be specific about what they do not cover, and I will see if we can get agreement to bypass that.

Q (Catawba): Will you regenerate claims and pay, or do we need to resubmit?

A (Tim): There would have been some denials upfront. The ones that denied outright, resubmit them.

Q (Cathy – Rockingham): We have not been paid cap money since we went to new mailboxes. We called Medicaid to tell them to change it to new mailbox number. Medicaid said that cap provider number no longer exists. Is anyone else having trouble receiving cap money?

Q (Sharon – Western Highlands): I am not sure where certain information goes in 837. Darlene Fields distributed.

A (Imes): Call Darlene for clarification.

Q (Kim): For the issue regarding 834, who can I call?

A (Deborah): Me – 919-715-7774.

8. **DMH and/or EDS Concluding Remarks:**

N/A

Action Items

Item No.	Open Date	Description	Assigned To	Comments	Status	Target Date

Issue Items

Item No.	Open Date	Description	Assigned To	Comments	Status	Target Date
II1.						